MAXIMUS Federal Services

Case Number:	CM15-0217569		
Date Assigned:	11/09/2015	Date of Injury:	05/06/2011
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male who sustained an industrial injury on 05-06-2011. Medical records indicated the worker was treated for right shoulder impingement syndrome versus rotator cuff tear, mild left shoulder impingement syndrome, status post bilateral shoulder surgery, chronic lumbago, chronic intractable pain, and L3-S1 facet arthropathy. In the provider notes of 09-11-2015, the injured worker complains of pain in the neck, right shoulder, and lower back, all rated as a 10 on a scale of 0-10 without medication and an 8-9 out of 10 with medication. He complains of difficulty with activities of daily living and trouble sleeping. His current medications include Norco and ibuprofen. On exam, there are well-healed scars over the right and left shoulder and posterior operative scars over the superior right and left shoulder with tenderness, decreased range of motion, positive impingement testing, antalgic gait and strength abnormalities. He walks with an antalgic gait, favoring the left lower extremity and uses a single point cane. There is no appreciable swelling or gross atrophy of the paravertebral muscles and no evidence of scoliosis and there is normal lordosis. On palpation, there is tenderness over the midline lower lumbar spine and tenderness over the bilateral lumbar paravertebral musculature. There is decreased sensation over the bilateral L5 and S1 dermatomes. The worker reports no side effects from the medication and medications allow him improved function and ability to do activities of daily living. His urine drug screens have been consistent with prescribed medications. Prior attempts at weaning interfered with his ability to function. Treatment plans include an orthopedic surgical consult and a lumbar epidural steroid injection (Scheduled for 10-22-2015). A request for authorization was submitted for Norco 10/325 mg Qty 60, 2 times daily. A utilization review decision 10-12-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 mg Qty 60, 2 times daily, MED is 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation notes marginal benefit in terms of pain control with continued 8/10 pain. There is also significant inconsistency with documentation of improvement in functional status. Patient reports difficulty with ADLs while provider documents vague claims of improvement in functional status. Documentation fails to support any benefit from persistent opioid therapy. Norco is not medically necessary.